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CONFIRMATION NO. 6303

<b>SERIAL NUMBER</b> 09/928,398	<b>FILING OR 371(c) DATE</b> 08/14/2001 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2155	<b>ATTORNEY DOCKET NO.</b> MUR22 001
<b>APPLICANTS</b> Silvia L. Bazan, Atlanta, GA; John C. Trigg, Atlanta, GA;  <b>** CONTINUING DATA *****</b> <i>No EE</i> This appln claims benefit of 60/225,259 08/15/2000  <b>** FOREIGN APPLICATIONS *****</b> <i>No EE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/18/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> DUANE MORRIS LLP 1667 K STREET, N.W. SUITE 700 WASHINGTON ,DC 20006				
<b>TITLE</b> System and method for providing medical information via the internet without the need for broadband connectivity				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	